

<u>n. to</u> : (225) 763-8787 or (225) 763	3-8780			
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BUSINESS ADDRESS <u>500</u> ARCOA Street and No.			30 30 30 30 30 30 30 30 30 30 30 30 30 3	060369
MAILING ADDRESSStreet and No.	Clby	State 2	ip	
CONTACT PERSON: <u>CAPON!</u>	JAM 5	5	_	8 A 5 - A
MAILING ADDRESS	a City	State 2	L <u>.</u>	
•	65-4157 Code and Phone Number		•	9.03
FAX NUMBER 484-8	Code and Phone Number 65-42-77 Code and Fax Number			
Names of Lobbyists who are employe	d by or who represent the intere	sts of the Principal list	d above:	
1) Namo: <u>H1672S</u>	<u>₿€7</u> #		EXEC.ID.#_	102
Last	First	MI		10.1
2) Name: TEAGUE	BARRY First	MI	EXEC.ID.#_	194
3) Name: WOOD	JERRY		EXEC.ID.#	127

4) Name: GUILLORY	ED First	M1	EXEC.ID.# 100
4) Name: GU UORY Last 5) Name: MAFFEI Last	KA714Y First		EXEC.ID.#_105
6) Name: <u>ANDERSON</u> Lest	C NAI)	МІ	EXEC.ID.#
7) Name: <u>GRA-DY</u>	DUSTIN First		EXEC.ID.# 129
8) Name: <u>73/4.SS</u> Last	JENNY First FRANK	MI	EXEC.ID.# 121
8) Name: MARASCO Lest 10) Name: WATKINS	FRANK Fira BRANDIE	MI	EXEC.ID.# 125
Lagr	First	мі	
Pursuant to LSA-R.S.	49:76G(2)(a),Name of E n of filling expenditure reports fo	imployer of Principal	hhving expenditures
	by persons representing my/its i		
	the information contained here		
knowledge, informat seq. has been delibera	ion and belief; and that no infor ately omitted.	rmation required	DY L3A-R, 5, 49:71 et
·			
-	Signature of Employer/Principal or F	čepresentativa	_
-	Print or Type Full Name		_
Form 506, Rov. 7/04	Page 2 of Z	7	

BUSINESS ADDRESS Street and No. CD9 State Zip MAILING ADDRESS Street and No. City State Zip CONTACT PERSON: Last First Mi MAILING ADDRESS (It different from above) PHONE NUMBER Area Code and Phone Number FAX NUMBER Area Code and Fax Number Names of Lobbyists winto are employed by or who represent the interests of the Principal listed above: 1) Name: Area Code and Fax Number Names of Lobbyists winto are employed by or who represent the interests of the Principal listed above: 1) Name: FIRS MI EXECTIO.# 101 AREA CODE AREA CODE AREA CODE AREA CODE AREA CODE AREA CODE BY First MI EXECTIO.# 100 EXECTIO.# 100 EXECTIO.# 100 EXECTIO.# 100				
year. This designation will be effective for the reporting of all expenditures made during that calendar year is form must so be completed and statement of whom you will be reporting. Also, please list a contact person who will be responsible for complete may render your designation inwfrective. Hand deliver or mail to 2415 Qualit Drive, 3°F Floor, Baton Rouge. LA 70808 OR Fax by (225) 763-8787 or (225) 763-8780 EMPLOYER/PRINCIPAL BUSINESS ABDRESS Street and No. City State Zip MAILING ADDRESS Street and No. City State Zip MAILING ADDRESS Git different from above) Street and No. City State Zip PHONE NUMBER Area Code and Phone Number FAX NUMBER Area Code and Phone Number EXEC. ID.# 101 EXEC. ID				
Hand deliver or mail to OR Core State Cust Drive, 3rd Floor, Baton Rouge, LA 70808 OR EXECUTE (225) 763-8787 or (225) 763-878D EMPLOYER/PRINCIPAL BUSINESS ADDRESS Street and No. City State Zip CONTACT PERSON: Last First MI MAILING ADDRESS (It different from above) Street and No. City State Zip PHONE NUMBER Area Code and Prone Number FAX NUMBER Area Code and Prone Number Names of Lobbyists wino are employed by or wino represent the interests of the Principal listed above: 1) Name: Tr OFR SAN GRANT Last First MI EXEC.ID.# 101 List First MI Name: List First MI EXEC.ID.# 101 EXEC.ID.# 101 List First MI EXEC.ID.# 101 EXEC.ID	year. This designation will be effecti a listing of all persons for whom you such reports and for receiving any co	we for the reporting of all expend will be reporting. Also, please its prespondance recording reportion	orm is to be completed and s itures made during that cale	ubmitted by <u>Jantsary 31*</u> of each ndar year. This form must Includ
EMPLOYER/PRINCIPAL BUSINESS ADDRESS Street and No. City State Zip MAILING ADDRESS Street and No. City State Zip CONTACT PERSON: Lest First Mr MAILING ADDRESS (If different from above) PHONE NUMBER Area Code and Phone Number FAX NUMBER Area Code and Phone Number FAX NUMBER Area Code and Phone interests of the Principal listed above: I) Name: Area Code and Fax Number Names of Lobbyists with are amployed by or who represent the interests of the Principal listed above: EXEC.ID.# 101 EXEC.ID.# 101 In Name: ELECTIO.# 101 Last First MI Name: ELECTIO.# 101 EXEC.ID.# 101	Hand deliver or mail to 2415 Qua	il Drive, 3 rd Floor, Baton Rouge,	LA 70808	
MAILING ADDRESS Street and No. City State Zip CONTACT PERSON: Last First Mi MAILING ADDRESS (It different from above) Street and No. City State Zip PHONE NUMBER Area Code and Phone Number FAX NUMBER Area Code and Phone Number FAX NUMBER Area Code and Fax Number Names of Lobbyists wino are amployed by or who represent the interests of the Principal listed above: Name: Area Code and Fax Number EXEC.ID.# O				FOR OFFICE USE ONLY Postmark Date:
Street and No. City State 2 Ip CONTACT PERSON: Last First Mi MAILING ADDRESS. (If different from above) Street and No. City State Zip PHONE NUMBER Area Code and Phone Number FAX NUMBER Area Code and Fax Number Names of Lobbyists who are employed by or who hapresent the interests of the Principal listed above: (1) Name: ANDERSUM GRANT EXECTION STATE MI EXECTION STATE MI (2) Name: CHEGARRUA KARW EXECTION STATE MI Last First MI EXECTION STATE MI EXECT	Street and N	a cus	State Zip	
MAILING ADDRESS (If different from shows) Street and No. City State Zip PHONE NUMBER Area Code and Phone Number FAX NUMBER Area Code and Phone Number Names of Lobbyists who are amployed by or who represent the interests of the Principal listed above: Name: Area Code and Phone Number	Street and N	o. City	State 2lp	
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Area Code and Fax Number Names of Lobbyists who are amployed by or who represent the interests of the Principal listed above: Name: ANDERSON GRANT EXEC.ID.# 101	PHONE NUMBER.		State Zip	
Name: ANDERSON GRANT EXEC.ID.# 101 Name: BREC.ID.# 101 Name: BREC.ID.# 102 Last First MI Name: ECHEGARRUA KAREN EXEC.ID.# 106 Last First MI	FAX NUMBER			
Name: BREETING TERMY Lest First MI Name: ECHEGARRUA KAREN Last First MI) Name: <u>ANDERSUM</u>	<u>GRANT</u>	Ех	
Last First MI	Name: BREETTNE	JEREMY First	EX	EC.10.9
	I) Name <u>: ECHEGARRUA</u> Last	First		ес.ю <u>.⊭</u> _ 06
Form 506, Rev. 7/04 Page 1-of-2- 3 4 4	Form 506, Rev. 7/04	Page 1 of 2 - 3 4 4	•	

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4) Name: <u>AS 7/N 6-5</u>	Cof EY		EXEC.ID.# 28
5) Name: CALDERARO Last	AUGUS 7		EXEC.10.#\03
6) Name: SM17H	KAREN		EXEC.ID.#_ 110
7) Name: KILCLINE	First VICKIE	M	EXEC.ID.#
8) Name: ROUSEAU	Fire ANDROAH	Mi	
Last	First		EXEC.10,# <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>
9) Name: Lest	First		EXEC.ID.#
10) Nume:	First	- <u>M</u> I	EXEC, (D.#

Pursuant to LSA-R.S. 49:76G(2)(a), LCHARD WINGET

Name of Employer or Principal
is exercising the option of filing expenditure reports for all executive lobbying expenditures
made on my/its behalf by persons representing my/its interests during the year of 2005,
I hereby certify that the information contained herein is true and correct to the best of my
knowledge, information and belief; and that no information required by LSA-R.S. 49:71 et
seq. has been deliberately omitted.

Signature of Employer/Principal or Representative

Kichard N. Winget

Form 506, Ray, 2/04

Page 2 of 2